DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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OR		ional Application), and	Number was amended o	
understand the cor to above.	ntents of the above identified	d application, inc	luding the clai	ms, as amended
erial information w	hich became available bety	y as defined in veen the filing da	37 CFR 1.56 te of the prior	i, including for application and
or 365(a) of any Po ed below and have nts certificate(s), or	CT international application also identified below, by c	(s) which designate the box,	ated at least or any foreign a	ne country other pplication(s) for
Countr	v Foreign Fi	ling Date	Priority Claimed Yes No	
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of the claims of provided by the fir the patentability of the national or PCT	nternational application(s) of this application is not disc st paragraph of Title 35, Un f this application as defined international filing date of the	designating the U closed in a listed ited States Code, in 37 C.F.R. 1.5 his application:	nited States, li I prior United §112, I ackno	sted below and, States or PCT wledge my duty red between the
	OR understand the corto above. information which erial information with date of the continuation and the cortical and the co	OR	OR	OR

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:							
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Inventor's Signature	ıre		Date				
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip	Zip Country				
NAME OF FOURTH INVENTOR:							
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature		Date					
Residence: City	State	Country Citizensh		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF FIFTH INVENTOR:							
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			